

JAN 06 2006

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (714) 557-3800

INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

FACSIMILE COVER SHEET

Deliver to: Syed Zia, USPTO Art Group: 2131
Facsimile No.: 571-573-8300 Date: January 6, 2006
From: William W. Schaal, Reg. No. 39,018
Our Docket No.: 42390P8084 Number of pages 12 including this sheet.
Application No.: 09/540,614 Filing Date: 3/31/2000
Docket Due Date(s): 1/6/2006

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u> </u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (<u> </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Mailing _____	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.81)

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Susan McFarlane 1/6/2006
Susan McFarlane Date

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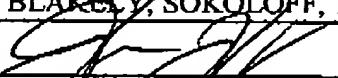
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JAN 06 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/540,614
		Filing Date	March 31, 2000
		First Named Inventor	David W. Grawrock
		Art Unit	2131
		Examiner Name	Syed Zia
Total Number of Pages in This Submission	11	Attorney Docket Number	42390P8084

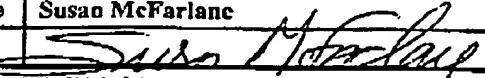
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 6, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Susan McFarlane
Signature	
	Date
	January 6, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ver) 11/20/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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**FEE TRANSMITTAL
for FY 2005**

Post and logo are subject to approval by the commission.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete If Known</i>	
Application Number	09/540,614
Filing Date	March 31, 2000
First Named Inventor	David W. Grawrock
Examiner Name	Syed Zia
Art Unit	2131
Attorney Docket No.	42390P8084

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee.

Charge fee(s) indicated below Charge fee(s) indicated below
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR 1.16, 1.17, 1.18 and 1.20

EEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	23	-	23 ⁴	=	0	x	Fee from below	=	Fee Paid
Independent Claims	4	-	4 ⁴	=	0	x	50.00	=	\$0.00
Multiple Dependent							200.00	=	\$0.00

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Relative independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
		SUBTOTAL (1)		(\$)
				0.00

¹¹Or number previously paid, if greater. For Regs 4403, see below.

2. ADDITIONAL FEES

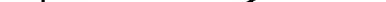
Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	20151	65	Surcharge - late filing fee or oath
1052	60	21152	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	610	Extension for reply within third month
1254	1,590	2254	785	Extension for reply within fourth month
1255	2,180	2255	1,000	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	900	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Required for oral hearing
1451		2451		Petition to institute a public use proceeding
1480	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	700	1809	395	Filing a submission after final rejection (37 CFR § 1.120(e))
1810	700	2810	395	For each additional invention to be examined (37 CFR § 1.120(b))
Other fee (specify)				
SUBTOTAL (2)				

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	01/06/06

Based on PTO/SB/17 (12-04) as modified by Blankley, Sokoloff, Taylor & Zadman (wdr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
TOTAL AMOUNT OF PAYMENT	(\\$)	0.00

Complete if Known

Application Number	09/540,614
Filing Date	March 31, 2000
First Named Inventor	David W. Grawrock
Examiner Name	Syed Zia
Art Unit	2131
Attorney Docket No.	42390P8084

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEES CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	23	- 23* =	0	x	50.00	=	\$0.00
Independent Claims	4	- 4* =	0	x	200.00	=	\$0.00
Multiple Dependent							

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	21	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	100	Multiple Dependent claim, if not paid
1204	300	2204	150	**Rescue independent claims over original patent
1205	300	2205	150	**Rescue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\\$)		0.00

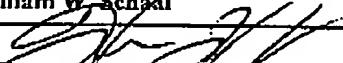
*Or number previously paid, if greater. For Rescues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2063	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	610	Extension for reply within third month
1254	1,580	2254	765	Extension for reply within fourth month
1265	2,180	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	400	2402	250	Filing a brief in support of an appeal
1403	1,010	2403	500	Request for oral hearing
1451		2451		Petition to institute a public use proceeding
1480	130	2480	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	750	1809	395	Filing a submission after final rejection (37 CFR § 1.129(b))
1810	750	2410	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		SUBTOTAL (2)		(\\$)

Fee Paid**SUBMITTED BY***Complete if applicable*

Name (Print/Type)	William W. Schad	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	01/06/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 09/540,614
Amtd. Dated 01/06/2006
Reply to Office Action of October 6, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.	:	09/540,614	Confirmation No. 2176
Applicant	:	David W. Grawrock	
Filed	:	03/31/2000	
TC/A.U.	:	2131	
Examiner	:	Syed Zia	
Docket No.	:	042390.P8084	
Customer No.	:	8791	

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 6, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.